

Veteran Information Form (VIF)

Reproduce as Needed

CONTACT INFORMATION

VIF Number:	<u>10907</u>		
First Visit/Contact Date:	<u>9-13-07</u>		
Full Names	<u>John Lashkost</u> (First, MI, Last)		
Social Security Number:	Sensitive SSN not provided due to <input type="checkbox"/> Law or Medical Profession <input checked="" type="checkbox"/> Special Ops background <input type="checkbox"/> VA Employee		
Address:	<u>317 Charles St</u> <input type="checkbox"/> HOMELESS/NO PERMANENT ADDRESS <input type="checkbox"/> ADDRESS INACTIVE		
City/Town:	<u>Thomp</u>	State:	<u>PA</u>
Home Phone:	(<u>30</u>)	ZIP:	<u>18512</u>
Work Phone:	(<u>-</u>)	Country:	<u>-</u>
Extension #:	<u>-</u>		
Mobile Phone:	<u>(-)</u>		

DEMOGRAPHIC INFORMATION

Birth Date:	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status:	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never Married	
Ethnicity:	<input checked="" type="checkbox"/> White <input type="checkbox"/> Pacific Islander/Hawaiian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> ASIAN AMERICAN <input type="checkbox"/> No Response	

MILITARY INFORMATION

Discharge Pending? Yes No

Periods of Military Service:

Branch of Service	Entry Date:	Discharge Date:
ARMED FORCES	<u>2/23/1991</u>	<u>2/5/2007</u>

Eligibility:

- Bereavement
- Lebanon
- Former Yugoslav Ops
- Other Combat Ops
- Grenada
- Panama
- GWOT - Both OIF & OEF
- Persian Gulf
- GWOT - Expeditionary (Not OIF/OEF)
- Sexual Trauma
- GWOT - OEF (Afghanistan)
- Somalia
- Vietnam Theater
- Vietnam-Era Non-Theater
- Korean War Zone
- WWII War Zone
- GWOT - OIF (Iraq) / OEF

Eligibility Verification: DD214 DD1300 VAMC VARO PendingDischarge Type: Honorable General Undesirable Bad Conduct Dishonorable Discharge/DismissalWounded/Injured? Yes NoPurple Heart? Yes NoVA Service Connected? Yes NoPOW? (any # days) Yes No Check this box if you DO NOT want to participate in Surveys

COMMENTS:

HIPAA REVIEW

Discussed HIPAA Policy

Reviewed HIPAA Policy

ALL SHADED AREAS ARE MINIMUM REQUIREMENTS. BE SURE TO FILL OUT AS COMPLETELY AS POSSIBLE.

FOR VET CENTER USE ONLY

INTAKE ON: 9-13-07 By: VXREVIEWED ON: By:ENTERED ON: By:

Rev. 02-24-2005

PLAINTIFF'S EXHIBIT

29

PLAINTIFF'S EXHIBIT

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DEF-LAS02877

Vet
Center

VET CENTER INTAKE

To be completed by staff within 12 hours

Client # 10907

I. PRESENTING PSYCHO-SOCIAL FOCUS

Requesting assessment for PTSD related
 for trauma due to flashbacks, nightmares, sleep disturbance,
 anxiety, anger/rage.

II. MENTAL STATUS EVALUATION

APPEARANCE	Neat	X	Untempt	Inappropriate/bizarre	
MANNER	Friendly, cooperative	X	Suspicious, defensive	Hesitate, evasive	Anxious
INTELLIGENCE	Average		Above Average	X	Below Average
SPEECH	Appropriate	X	Rapid, pressured	Retarded pace	
ORIENTATION	Time	X	Place	X	Person
MEMORY FUNCTION	Normal	X	Impaired		
AFFECT	Appropriate	X	Labile	Rat, blunted	Inappropriate
MOTOR ACTIVITY	Relaxed, at ease	X	Tense	Agitated, restless	Bizarre gestures
JUDGMENT	Good	X	Fair	Impaired	Poor

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Client # 10101

II. MENTAL STATUS EVALUATION (cont)EVIDENCE OF THOUGHT DISORDERDelusions Yes No Disorganized thinking Yes No Hallucinations Yes No Some auditory, possible flashbacks.EVIDENCE OF DEPRESSIONAppetite: average poor excessive

Recent weight change: Now loss gain _____ lbs. in _____ months.

Sleep disturbance: Yes No Sex drive remains the same: Yes No Energy level: low average high Recent losses: Yes No If Yes, ExplainSuicidal thought: Yes No If Yes, Explain
@ finds b/c he wants to stop anxiety
Flashbacks, intrusive thoughts;
nightmares.Homicidal thought: Yes No If Yes, Explain
No current plan. Children safe
decrements

Other mental status observations:

RCS-INS-97

DEF-LAS02879

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Client # 10907

III. HEALTH HISTORY

1. Past treatment received for any medical/psychiatric problems.
If so, please describe. *CUB VET* Yes No
2. Under current treatment for any medical/psychiatric problems.
If yes, name and telephone number of provider. *WB VET* Yes No
3. Tobacco use.
Choice of use. *Cigarettes* Frequency *1/ day* Yes No
4. Caffeine use.
Choice of use. *Coffee* Frequency *1 pt / day* Yes No
5. Exposure to hazardous environmental elements.
If became ill from exposure, please explain. *Unsure* Yes No
6. Currently taking any medication.
If yes, complete MEDICATION USE table below.

Medication	Dose	Date Began & Reason	Physician/Refill
Trazadone	100 MG HS		

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IV. PRE-MILITARY & DEVELOPMENTAL HISTORY

*See attached
cataloue*

V. MILITARY HISTORY

I. Entry into the Military & Training Experience:

See Attached Cataloue

RCS:IN5897

DEF-LAS02881

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Client # 10907

2. War Zone History:

See attached note

3. Traumatic Events: (Include Sexual Trauma While in Military)

See attached note

4. Homecoming:

See attached note

5. Impact of Military Experience.

See attached note

Vet
Center

Client # 10907

VII. ASSESSMENT

This 39 y/o married to 30 y/o veteran was involved in the initial Invasion in Iraq in 2003. Upon return home, he remained in the military for an additional 4 years. He then worked as a Guardia Advisor for 6 mos.

Immediately upon his return he started having difficulty with anxiety, insomnia, nightmares. His wife was able to manage ok until she deployed the military upon which his symptoms significantly flared. He started self medicating with alcohol. Became non distractible from war memory friends, his wife, children. Detached from most interests, anxiety, rage. Would dress in black and sat at State of right to feel safe.

He is currently unemployed, frequenting a pharmacy. Continues to experience intense PTSD symptoms.

- AXIS I - PTSD
- AXIS II - None
- AXIS III - See attached intake
- AXIS IV - Severe
- AXIS V - See paperwork

P: Refusal to Coatesville PTSD program. Recommended Wkly 1:1 grp if there is loose connection to Coatesville
Admission to Coatesville

Counselor's Signature

Team Leader/Clinical Coordinator Signature

Date: 9/28/07

Date: 9/28/07

Place of Birth Kingston, PA Where were you raised? Thrapp, PA

Brothers and Sisters and indicate if they are older or younger than you.
Only child.

Please describe your home life growing up.

Parents divorced @ age 6. Was raised between 3 households, amongst, his father who was a Catholic; his mother who was drug addicted.

Did anyone in your family have a problem with alcohol, drugs, anger/rage, psychiatric and/or severe medical illness? YES NO Mother: Father

Did you feel safe and loved growing up? YES NO Depends. Father was supportive, mother was not. He would be safe with his aunt who was supportive. Self unsafe @ mother as she would often pass out, he would be safe with his father.

Did you experience any major losses (death of a family member, divorce of parents, natural catastrophe, etc.) while growing up? YES NO None.

Where did you go to school? Elementary @ St Mary's (got A's) HS Bishop Prendergast Grades started to drop back
Did you have many friends? YES NO Did you date much? YES NO

Did you play sports? YES NO football, wrestling

Did you participate in any extracurricular school activities? YES NO

Did you have any honors, awards, or achievements in school? YES NO

Did you have any disciplinary problems in school, arrests, or problems with authority prior to the military?

YES NO Suspension in 11th grade for fighting.

Did religion or spirituality play a significant role in your life? YES NO forced to go to church as a child

Did you use alcohol or drugs before entering the military? YES NO no / Age 18

If so, to what extent? Experimented @ Marijuana; cocaine, used for socially but can abuse
0 times.

Was any member of your household a veteran? YES NO If yes, who? Father was in Marines.

Was any member of your household a combat veteran? YES NO If yes, who?

→ Friend told his mother about Cocaine use; @ 19 yrs spent 30 days in off-trail @ Marworth. Seems to deny/ignore history of substance abuse. (?)

Psycho-social History

Before entering the military did you have a problem with?

Alcohol or Drugs YES NO

Gambling YES NO

Compulsive Spending YES NO

Depression YES NO

Mood Swings YES NO

Anger or Rage YES NO @times

Anxiety YES NO

Panic Attacks YES NO

Getting along with others YES NO

Trusting others YES NO

Feeling emotions YES NO

Sleep YES NO

Nightmares YES NO

Memory Problems YES NO

If you volunteered for the military, why did you volunteer? to "Get do my dad." (looking for recognition/ pride)
How did your family feel about it? FAMILY WAS happy b/c of his fears drinking, "worried" he gave him focus.

Is there anything that happened while growing up that you would like to talk about in therapy? YES NO
If so, what would you like to talk about? INSURE.

1. Entry into the Military and Training Experience

Did you volunteer or were you drafted

Where was your basic training/boot camp?

Charleston, SC

Injured? Yes No Medical treatment? Yes No

Disciplinary problems? Yes No

Did you have any advanced training? Yes No

In what? various schools Where was the training _____ # of weeks _____

Injured? Yes No Medical treatment? Yes No

Disciplinary problems? Yes No

Honor grad.

Psycho-social History

Specialty name and MOS # designation after advanced training:
Rifleman 0311

Any additional advanced training? Yes No

In what? Marksmanship Instructor Where was the training _____ # of weeks _____

Injured? Yes No Medical treatment? Yes No

Disciplinary problems? Yes No

Specialty name and MOS # designation after advanced training:

Marksmanship Coach 8520, Marksmanship Instructor 8831

Did you have any assignments after training and before entering the War Zone? Yes No
 If so, please give the approximate dates, location, and unit to which you were assigned.

Served 3 yrs in military prior to deployment in Iraq. Different states throughout US and in Okinawa in Japan.

2. War Zone History

Circumstances of assignment: Volunteered
 Approximate date of arrival 01/20/2003

Had other orders that would have delayed deployment
 But volunteered to go to stay this unit

Deployed with unit Went as individual

Location of arrival Very Southern tip of Iraq

Impressions upon arrival

"Oh Shit". Realized reality of being in Iraq setting in.
 Units assigned/attached to 1st Inf Div, 3rd Inf Regt, 5th Bn, 3rd Platoon Principal War Zone Location
during initial invasion of Iraq.

Actual duties and operations in war zone:

Squad Leader of 10 men.

Time you were exposed to combat Extensive Considerable Moderate Some None
 Combat Infantry Badge or Combat Action Ribbon? Yes No

Injured/wounded Yes No Medical treatment Yes No
hip problems

Purple Heart? Yes No

Disciplinary problems in the war zone? Yes No multiple awards including Good Conduct Medal.

If you used alcohol or drugs while in the war zone, please complete the following.

Alcohol use	<input type="checkbox"/> Extensive	<input type="checkbox"/> Considerable	<input type="checkbox"/> Moderate	<input type="checkbox"/> Some	<input checked="" type="checkbox"/> None
Cannabis use	<input type="checkbox"/> Extensive	<input type="checkbox"/> Considerable	<input type="checkbox"/> Moderate	<input type="checkbox"/> Some	<input checked="" type="checkbox"/> None
Amphetamine use	<input type="checkbox"/> Extensive	<input type="checkbox"/> Considerable	<input type="checkbox"/> Moderate	<input type="checkbox"/> Some	<input checked="" type="checkbox"/> None
Heroin use	<input type="checkbox"/> Extensive	<input type="checkbox"/> Considerable	<input type="checkbox"/> Moderate	<input type="checkbox"/> Some	<input checked="" type="checkbox"/> None
Cocaine use	<input type="checkbox"/> Extensive	<input type="checkbox"/> Considerable	<input type="checkbox"/> Moderate	<input type="checkbox"/> Some	<input checked="" type="checkbox"/> None

Psycho-social History

Other Extensive Considerable Moderate Some None

Approximate date of Departure from the War Zone Went from Iraq to Kuwait 4/18/2003; Kuwait to home of Japan

4. Homecoming from War Zone

Mode of exit from combat zone Ship Military air Commercial Air Other _____
 With unit With friends As individual Other _____

Feelings about leaving combat zone
Relieved to be alive.

Feelings about returning to U.S.
Different about reuniting family b/c he felt different.

Duty assignments after leaving the war zone:

Repaired for 4 yrs before leaving Iraq. Stationed in CA. Continued to be
Squad Leader. Then stationed in Okinawa Island, SC as Coach

While in the Military, did you experience Sexual Trauma Yes No or Sexual Harassment? Yes No

5. Impact of Military Experience:

Spiritual Changes

Never felt spiritually connected.

Social Changes

Only dealt with things other than military "parade"

Physical Changes

Hypervigilance, Anxiety

Emotional Changes

Depression

[REDACTED]

How would you describe your social and interpersonal functioning after you were discharged from the military?

Did you take any additional training or education after the military?

YES NO

Did you complete the training/education? YES NO N/A

If so, did you receive a degree, certificate, or professional license? YES NO N/A

What has been your main line of work since leaving the military? financial advisor

Psycho-social History

DEF-LAS02887

Approximately how many jobs have you had since leaving the military? 1

What is the longest you ever held one job? 6 mos.

Have you ever been fired or resigned under threat of being fired? YES NO

How many times have you been married? 1

If you have children, how many do you have from each marriage/partnership?

These Children 5yo girl; 2yo boy, 3 month old baby

How would you describe your relationship with each of your former spouse(s)? (If applicable)

How would you describe your relationship you're your current wife or partner?

Should due to Anger, withdrawal; legal problems.

How would you describe your relationship with your children? (If applicable)

Distant. Used to be very close to oldest daughter prior to deployment. Loses temper. Has little p/c his children now. Denies abuse.

Since discharge have you had a problem with?

Alcohol or Drugs	<input checked="" type="radio"/> YES	NO	Abusing alcohol & mood + "drinking during Screens/ergo bar" <i>and/or</i>
Gambling	<input checked="" type="radio"/> YES	NO	Self rewarding
Compulsive Spending	<input checked="" type="radio"/> YES	NO	
Depression	<input checked="" type="radio"/> YES	NO	
Mood Swings	<input checked="" type="radio"/> YES	NO	
Anger or Rage	<input checked="" type="radio"/> YES	NO	
Anxiety	<input checked="" type="radio"/> YES	NO	
Panic Attacks	<input checked="" type="radio"/> YES	NO	
Getting along with others	<input checked="" type="radio"/> YES	NO	
Trusting others	<input checked="" type="radio"/> YES	NO	
Feeling emotions	<input checked="" type="radio"/> YES	NO	

Psycho-social History

Sleep
Nightmares
Memory Problems

YES NO - stays up for days
 YES NO
 YES NO

How soon after returning from overseas did you begin having these problems? Immediately but problems
escalated after leaving military.

Have you been arrested and or incarcerated since leaving the military? YES NO

Do you have any current legal problems (for example, pending divorce, child support, bankruptcy, probation/parole, criminal charges?) YES NO Currently Incarcerated

Is anyone in your home suffering from a severe medical illness, psychiatric problem, problem drinking or drug abuse? YES NO If so, who and from what are they suffering?

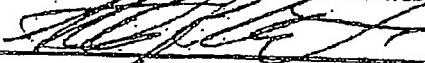
Additional Notes:

Currently in prison but prior was starting to receive and want CBT treatment. Is currently taking trazodone for sleep. No history of psychotropic medication. No history of suicide attempts but has suicidal ideation since return from Iraq. Had plan in past to shoot self. Children are different and no longer has access to weapons. No insight discussed into triggers for flashbacks. Dazed image.

Psycho-social History

Vet Center		CLIENT TREATMENT PLAN	
		Client # <u>10907</u>	
PSYCHO-SOCIAL FOCUS	Symptom(s)	Date <u>1/11/08</u>	
PLANNED INTERVENTIONS	<u>Isolation</u>	T.L. Signature <u>Dave Whalen</u>	
EXPECTED OUTCOMES	1. Individual Counseling twice per month 2. Group Counseling twice per month	Clin. Signature <u>Karen Schubert</u>	
QUALITY INDICATORS	Veteran will become more socially active when he discovers what is behind this desire to withdraw from associating with others.	Date of Resolution/ Inactivity	
PSYCHO-SOCIAL FOCUS	Symptom(s)	Date <u>5/2/08</u>	
#3, #1,	<u>Absenteeism, PTSD</u>	T.L. Signature <u>Dave Whalen</u>	
PLANNED INTERVENTIONS	<u>Detox Rehab</u> <u>Assessment for future treatment options for PTSD thmt.</u>	Clin. Signature <u>Karen Schubert</u>	
EXPECTED OUTCOMES	Veteran to reduce Detox Complication and complete rehab. Refusal to Detox.	Date of Resolution/ Inactivity	
QUALITY INDICATORS	Assuredly gets detox stay admission & WBNMC for detox/rehab. Assured completion of treatment reported by us and WBNMC staff. Acceptance for future PTSD thmt.		

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY					
1. NAME (Last, First, Middle) LASKOWSKI Stanley Paul		2. DEPARTMENT, COMPONENT AND BRANCH USMC-11		3. SOCIAL SECURITY NUMBER	
4a. GRADE, RATE OR RANK SGT	5. PAY GRADE E-5	6. DATE OF BIRTH <i>1970-02-23</i>	7. RESERVE OBLIGATION TERMINATION DATE <i>1999-02-28 00000000</i>		
7a. PLACE OF ENTRY INTO ACTIVE DUTY Harrisburg MEPS Mechanicsburg, PA 17055-4843		8. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 317 Charles Street Throop, PA 18512			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND WFTBN, MCRD/ERR, PISC 29905		9. STATION WHERE SEPARATED MCRD/ERR, PISC 29905			
10. SGII COVERAGE N/A		11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 0311 Rifleman (8 years) 8530 Marksmanship Coach (4 years) 8531 Marksmanship Instructor (2 years 6 months)			
12. RECORD OF SERVICE b. DATE ENTERED AD THIS PERIOD 1990-02-23		13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Navy and Marine Corps Achievement (w/1 star); Marine Corps Good Conduct Medal (w/1 star); Combat Action Ribbon; Iraq Campaign Medal; Global War on Terrorism Service Medal; Sea Service Deployment Ribbon (w/1 star); National Defense Service Medal			
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) Recruit Training 13wks/0099 Rifleman 0099 Corporals Leadership 0002 Sgt Non-Resident Program 0003		15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM b. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
16. DAYS ACCRUED LEAVE PAID 32.0 RLB		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
18. REMARKS Item 13: Commendation Service Medal; Presidential Unit Citation-Navy; Meritorious Mast (3); Letter of Appreciation (5x); Certificate of Appreciation (2); Rifle Qualification Badge (Expert); Pistol Qualification Badge (Expert). Good Conduct Medal period commences 20050223. Member contributed \$1200 to MGIB. Serial#32001-2007-0001.					
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for validation purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 317 Charles Street Throop, PA 18512		b. NEAREST RELATIVE (Name and address, include ZIP Code) Stanley Laskowski (Father) 317 Charles Street Throop, PA 18512			
20. MEMBER REQUESTS COPY BE SENT TO PA		21. SIGNATURE OF MEMBER BEING SEPARATED 			
22. OFFICIAL AUTHORIZED TO SIGN (Type name, grade, title and signature) R.L. LAMBERT, GS-09, SEPS OFFICER		23. SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)			
23. TYPE OF SEPARATION DISCHARGE		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE			
25. SEPARATION AUTHORITY MARCORSEPMAN par		26. SEPARATION CODE KBK1		27. REENTRY CODE RE-IA	
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE		30. MEMBER REQUESTS COPY BE SENT TO (Initials) <i>SPL</i> MEMBER - 4			

Subj: HINO response for LASKOWSKI, STANLEY P III /requested by DURKIN, PA
[#8548125] 09/17/07 08:35 54 lines
From: POSTMASTER.

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MASKOWSKI, STANLEY P III
iv:WILKES-BARRE, PA

D

*** S-# from Patient file does not match a S-# from VBA ***
VBA name = SPLASKO Verified Svc-Data

Prior names =

STANLEY PAUL LASKOWSKI III
STANLEY PAUL LASKOWSKI III
Name = STANLEY P LASKOWSKI
Address = 29 UNIVERSITY DR
Address = DUNMORE PA
ZIP = 18512
Sex = MALE

Date of Birth =

VBA SSN = Unverified

Claim Number =

Service Number =

Folder Location = 310 - PHILADELPHIA-RO

POW = Not applicable

Total Active Svc = 8 yr

INDICATORS(Active Duty Training NO Homeless Veteran NO)

Service data - VBA

SVC Branch: Marine Corps

EOD: FEB 23, 1999

RAD: FEB 5, 2007

Char of Svc: Honorable

Type Benefit: Compensation

DISABILITIES

Combined %=60. Disab. in Record=7

Eff. Date of Comb. Eval.=FEB 06, 2007

SC Disability
9411-POST-TRAUMATIC STRESS DISORDER
5207-LIMITED EXTENSION OF FOREARM
6260-TINNITUS
5019-BURSITIS
5019-BURSITIS
6512-SINUSITIS, FRONTAL, CHRONIC
5273-MALUNION OF ANKLE

	Orig %	Extr	Eff Dt	Curr Eff Dt
-30 %	-	-FEB 06, 2007	-FEB 06, 2007	-FEB 06, 2007
-20 %	-RU-	-FEB 06, 2007	-FEB 06, 2007	-FEB 06, 2007
-10 %	-	-FEB 06, 2007	-FEB 06, 2007	-FEB 06, 2007
-10 %	-RL-	-FEB 06, 2007	-FEB 06, 2007	-FEB 06, 2007
-10 %	-LL-	-FEB 06, 2007	-FEB 06, 2007	-FEB 06, 2007
-10 %	-	-FEB 06, 2007	-FEB 06, 2007	-FEB 06, 2007
-0 %	-RL-	-FEB 06, 2007	-FEB 06, 2007	-FEB 06, 2007

Vet married Vet = No spouse or not eligible

Number of CHILDREN

School = 0 Helpless School = 0 Depend. total = 2 This Award = 2

Child name

DOB

Child Status

Minor Child

Minor Child

Check Amount= '\$999.00'

Net Award= '\$999.00'

DEF-LAS02892

Subj: HINQ response for LASKOWSKI, STANLEY P III /requested by DURKIN, PA
[#8548125] 09/17/07@08:35 54 lines
From: POSTMASTER.

Page 1

LASKOWSKI, STANLEY P III

iv: WILKES-BARRE, PA

*** S-# from Patient file does not match a S-# from VBA ***

VBA name = SPLASKO

Verified Svc-Data

Prior names =

STANLEY PAUL LASKOWSKI III

STANLEY PAUL LASKOWSKI III

Name = STANLEY P LASKOWSKI

Address = 29 UNIVERSITY DR

Address = DUNMORE PA

ZIP = 18512

Sex = M

Date of Birth =

VBA SSN =

Claim Number =

Service Number =

Folder Location = 310 - PHILADELPHIA-RO

POW = Not applicable

Total Active Svc = 8 yr

INDICATORS(Active Duty Training NO Homeless Veteran NO)

Service data = VBA

Svc Branch: Marine Corps

EOD: FEB 23, 1999

RAD: FEB 5, 2007

Char of Svc: Honorable

Type Benefit: Compensation

DISABILITIES

Combined %=60

Disab. in Record=7

Eff. Date of Comb. Eval.=FEB 06, 2007

SC Disability
 9411-POST-TRAUMATIC STRESS DISORDER
 5207-LIMITED EXTENSION OF FOREARM
 6260-TINNITUS
 5019-BURSITIS
 5019-BURSITIS
 6512-SINUSITIS, FRONTAL, CHRONIC
 5273-MALUNION OF ANKLE

	%	Extr	Orig	Curr
			Eff Dt	Eff Dt
-30	%	-	FEB 06, 2007	FEB 06, 2007
-20	%	-RU-	FEB 06, 2007	FEB 06, 2007
-10	%	-	FEB 06, 2007	FEB 06, 2007
-10	%	-RL-	FEB 06, 2007	FEB 06, 2007
-10	%	-LL-	FEB 06, 2007	FEB 06, 2007
-10	%	-	FEB 06, 2007	FEB 06, 2007
-0	%	-RL-	FEB 06, 2007	FEB 06, 2007

Vet married Vet = No spouse or not eligible

Number of CHILDREN

School = 0 Helpless School = 0 Depend. total = 2 This Award = 2

Child name DOB Child Status

Minor Child

Minor Child

Check Amount= '\$999.00'

Net Award= '\$999.00'

DEF-LAS02893

5705195118

PSYCH



12:05:41 PM

08-07-2007

2/2

(DGS Number 2009-0240
Effective October 3, 2008)

REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION

Privacy Act and Paperwork Reduction Act Information: The completion of this form does not constitute the release of information other than specifically described below. The information contained on this form is collected under Title 36, U.S.C. The form contains releases of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a; and 36 U.S.C. 3701 and 3702 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not consider treatment, payment, enrollment or eligibility as stated on this form. VA may disclose the information that you put on the form as permitted by law. VA may make a "seeks and finds" disclosure of the information as outlined in the Privacy Act process of records access identified at 24 VA 19 "Patient Right II and Seeks Your Medical Records. Failure to furnish the information will not have any effect on any other benefit to which you may be entitled. If you provide VA your Social Security Number, VA will use it to determine your VA benefits. VA may also use this information to identify veterans and survivors claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that the time expended by all individuals who need complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD EXPIRED IS NOT USED.

TO: DEPARTMENT OF VETERANS AFFAIRS (Type or Print Name and Address Below
and Today)

PATIENT NAME (Type, Print, Handwritten)

LASTOWSKI, STAN P.
SOCIAL SECURITY NUMBER

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

Patrick A. Casey, Esquire - Myers, Brier & Kelly, LLP
425 Service Street, Suite 200, Scranton, PA 18503

VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes (initials) regarding the following condition(s):

 DRUG ABUSE ALCOHOL/DRUG OR ALCOHOL ABUSE TESTED FOR OR INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) BICLORALAMINA

INFORMATION REQUESTED: (Check applicable box(es) and list the name or nature of the information to be disclosed, giving the dates or approximate dates covered by each)

 COPY OF HOSPITAL BILANCY COPY OF OUTPATIENT TREATMENT NOTES OTHER (Specify)

All medical, psychiatric, psychological records

PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

LEGAL REPRESENTATION

NOTE: ADDITIONAL ITEMS OF INFORMATION REQUESTED MAY BE LISTED ON THE BACK OF THIS FORM

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Records of Information Unit at the facility holding the records. Revocation of my medical records by those receiving the above authorized authorization will be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the following condition(s) (if any supplied by patient): (3)

I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.

DATE <u>10/1/07</u>	SIGNATURE OF PATIENT AND PERSON AUTHORIZED TO SIGN PATIENT'S COPY OF POA
------------------------	--

FOR VA USE ONLY

REFRESH PATIENT DATA CARD FOR GENE HARRIS, Age 60, Social Security Number _____

TYPE AND DURATION OF MATERIAL RELEASED

DATE RELEASED RELEASED BY

VA FORM 10-5345
MAY 2003

USE EXISTING STOCK OF VA FORM 10-5345, DATED NOV 2004.

DEF-LAS02894

Daniel T. Brier
Robert T. Kelly, Jr.
Donna A. Walsh



Lori R. Gramley
John B. Dempsey
Thomas S. Schrack
Patrick A. Casey, Counsel
Morey M. Myers, Of Counsel

September 11, 2007

VIA TELECOPY

Lori Davis, Counselor
Lackawanna County Correctional Facility
1371 N. Washington Avenue
Scranton, PA 18509-2840

Re: Commonwealth v. Laskowski

Dear Ms. Davis:

This letter confirms our telephone conversations of this morning during which we agreed on a date and time for you to meet with Attorney Patrick A. Casey along with Karen Lenchitsky, a Licensed Clinical Social Worker with the Veteran's Center and Stanley Laskowski, an inmate at the Lackawanna County Correctional Facility. The meeting is scheduled for Thursday, September 13, 2007 at 10:00 a.m. in the multi-purpose room of the correctional facility.

Please do not hesitate to contact either myself or Mr. Casey if you have any questions.

Sincerely,

Beth A. Smith

Beth A. Smith
Legal Assistant

:bas

cc: Karen Lenchitsky

September 15, 2008

Stanley Laskowski
317 Charles St
Throop, PA 18512

Dear Stan,

It has been some time since we have seen you at the Scranton Vet Center and we would like to hear from you again. We are interested in doing whatever we can to assist you, client satisfaction is important to us. We hope that you were satisfied with the services received in the past. This letter is to let you know that we are still available.

We are interested in receiving your comments regarding Vet Center services received thus far. In this regard, please take a brief moment to complete the attached questionnaire and return it to us. Your response is very important to us.

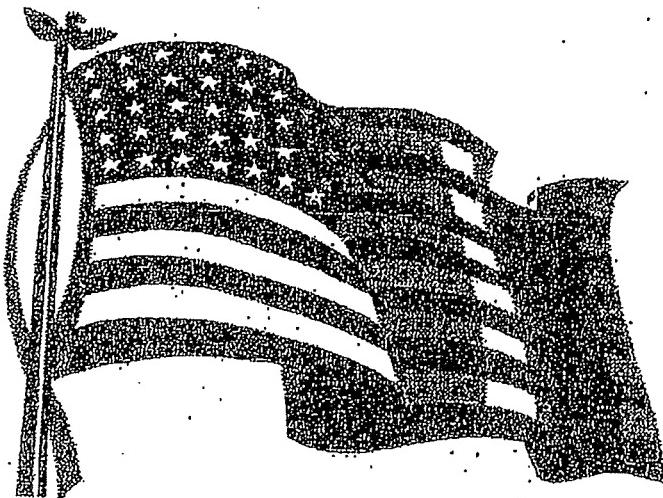
Thank you in advance for taking the time to respond. Again, if the Scranton Vet Center can be of further assistance to you telephone us at 1-866-776-1516 or come in. You are always welcome.

Sincerely,

KAREN LENCHITSKY, LCSW
Social Worker

DEF-LAS02896

VETS - HELPING - VETS



VET CENTER

1002 Pittston Ave, Scranton, PA 18505

Tel: (570) 344-2676 / Fax: (570) 344-6794

To: Attorney Jack Dempsey

From: Karen Lenchitsky, LCSW

Pages (including this cover page): 2

This message is intended only for the use of the person/office to whom it is addressed and may contain information that is privileged, confidential, or otherwise protected by law. All others are hereby notified that the receipt of this message does not waive any applicable privilege or exception from disclosure and that any dissemination, distribution, or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone at the above number, and return the original message to us at the above address via the United States Postal Office. Thank you.



1002 Pittston Avenue
Scranton, Pennsylvania 18505
(570) 344-2676
1-866-776-1516
Fax (570) 344-6784

January 28, 2008

To Whom It May Concern:

Mr. Stanley Laskowski is currently receiving services at the Scranton Vet Center. Since his return from the inpatient PTSD program at the Coatesville VAMC, veteran has participated in the weekly Global War on Terrorism (GWOT) group at our facility. He has attended four groups in this time period. Veteran actively participates in these groups. Individual therapy has also been initiated at this facility and will occur on a semi-monthly basis. Mr. Laskowski shows good insight and presents as motivated for treatment.

In addition, veteran is also enrolled and receiving services from the Wilkes-Barre VAMC. I spoke with Dr. Matthew Dooley, Ph.D. who confirmed veteran has attended four psycho-education groups on PTSD and that he is scheduled to start a Cognitive Processing Therapy (CPT) group in February. CPT is a 12 week therapy that has both cognitive and exposure components. This is an evidenced based therapy that has been shown to be effective in the treatment of PTSD. Veteran will also be seeing Dr. Bhatia, who is a psychiatrist at the Wilkes-Barre VAMC, for medication management.

Mr. Laskowski's wife is also involved in our centers Wives Group which provides support and education on PTSD. Her involvement is essential to the veterans success as PTSD effects the entire family. She too actively participates in the group and shows good insight and motivation.

Since my first meeting with Mr. Laskowski on September 13, 2007, veteran shows much improvement as a result of his completing his inpatient treatment. The veteran shows a decrease in hypervigilence and is more prone to seek support when in distress.

If you require any further information, please don't hesitate to call. I can be reached at 570-344-2676.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen Lenchitsky, LCSW".

Karen Lenchitsky, LCSW
Social Worker



Veterans
Administration

Memorandum

From: TIM ENNIS, MS
Admissions Coordinator
PTSD Program
DVA Medical Center
Coatesville, PA 19320
610-384-7711, ext. 4029

Date: 09/18/07

To: Stanley Laskowski

Admission
Date/Time: 09/25/07 @ 0900 AM

Dear: Stanley

You have been accepted to the PTSD Program. Your admission date and time is listed above. However, changes in this may occur and you are urged to stay in contact with this program. Notify us immediately if your address changes.

Once here, you will be interviewed by one of our therapists. As a result of that interview, you will either be discharged or entered into the Observation and Evaluation (O&E) Unit. After two weeks in the O&E Unit, you will be assigned to either the Stabilization Unit (6 week total length of stay) or the Treatment Unit (up to a total of a 12 week length of stay).

On your admission date, report directly to the PTSD Program, Bldg. 8, second floor at 9:00 A.M. If you arrive late, you will not be admitted to the PTSD Program, and it may be necessary to reschedule you for a later date. If you are traveling by train, use the Thorndale Station. Be aware that this Medical Center cannot supply travel funds or reimbursement for travel. If traveling by car, you may park outside Bldg. 8 to unload your luggage - please use your flashers while your car is there. You will then be informed where to park your car. Be aware that you will be required to provide a \$5.00 daily co-payment IF you are not service connected for PTSD AND have an income greater than \$9,556.

If you have any questions, please contact me at (610) 384-7711 ext. 4029. If you do not keep your admission date and do not contact us beforehand we will assume you are not interested in attending this program and your name will be dropped from the waiting list. If I am able to bring you on board earlier, I'll contact you directly.

Sincerely,

A handwritten signature in black ink, appearing to read "Tim Ennis, MS".

Tim Ennis, MS

570 342 6147

Myers, Brier, & Kelly, L.

12:52:22 p.m. 08-21-2007

2/3

COMMONWEALTH OF
PENNSYLVANIA,

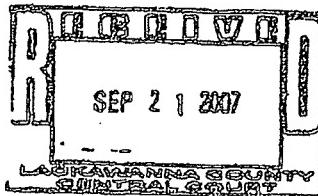
Plaintiff,

STANLEY LACKONSKI,

Defendant.

IN THE COURT OF COMMON PLEAS
OF LACKAWANNA COUNTY

No. 07-2076



ORDER

AND NOW, this 21st day of September, 2007, upon
consideration of Defendant's Motion for Release, it is hereby
ORDERED that the Motion is GRANTED and defendant is released
on the Defendant's own recognizance on Tuesday,

September 25, 2007 at 5:00 p.m. for care under
the following conditions:

1. Defendant, upon release from treatment, will promptly report to Lackawanna County probation;
2. Defendant will have no contact with any potential witnesses in this case;
3. Defendant will have no access or contact in any way with firearms while on release status; and

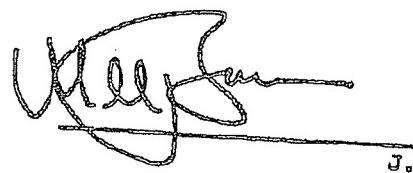
200-092-0147

Myers, Boller, & Kelly, L.

12:52:30 p.m. 09-21-2007

3/3

4. If Defendant for any reason does not honor any
of the conditions listed above, the third party custodian will
be duty-bound to report the failure to adhere to the
conditions.



A handwritten signature in black ink, appearing to read "Kelly J. Boller". A horizontal line is drawn beneath the signature, and a small "J." is written at the end of the line.

DEF-LAS02901



1002 Pittston Avenue
Scranton, Pennsylvania 18505
(570) 344-2676
Fax (570) 344-6794

September 17, 2007

Dr. Steven M. Silver
Director, PTSD Program
DVAMC
1400 Black Horse Hill Rd.
Coatesville, PA 19320-2097

Dr. Silver:

Attached you will find a completed application for the PTSD program at your facility in Coatesville. Patrick Casey, Esq. has been in touch with you regarding this veteran. He will be forwarding me a letter clarifying the legal aspects of veteran's release. As per my discussions with Atty. Casey, his legal status should not interfere with admission to your program should he be accepted.

I have also attached my completed intake with veteran which may give more detailed information than on the actual application. I thank you in advance for your consideration in this case. If you should have any questions or need any further information in order to process this request, please contact me at 570-344-2676.

Sincerely,

Karen Lenchitsky, LCSW
Karen Lenchitsky, LCSW
Social Worker

570-342-6147

Myers, Brier, & Kelly, L.

01:51:51 p.m. 09-17-2007

212

Daniel T. Brier
Robert T. Kelly, Jr.
Donna A. Welsh



Lori R. Grunley
John B. Dempsey
Thomas S. Schrock
Patrick A. Casey, Counsel
Marilyn M. Myers, Of Counsel

September 17, 2007

VIA FACSIMILE

Karen Lenchitsky
Licensed Clinical Social Worker
Vet Center
1000 Pittston Avenue
Scranton, PA 18505

In re: Stanley Laskowski

Dear Ms. Lenchitsky:

This confirms that I have contacted the Assistant District Attorney assigned to the prosecution of Stanley Laskowski. She confirmed with me that the prosecution would agree to a release of Mr. Laskowski if his release were for the purpose of him receiving psychological or psychiatric treatment.

Based upon my conversation with the prosecutor, I believe that Mr. Laskowski's release could be arranged in such a way that it does not make the facility subject to the government's jurisdiction. The terms of release would not name the facility in any way.

I will send to you a draft of the release document for your consideration, and ask that you give your comments.

Sincerely,

A handwritten signature in black ink, appearing to read 'P.A. Casey'.

Patrick A. Casey

MEDICAL RECORD	PROGRESS NOTES
DATE	
9-13-07	Individual Note Dr. McGehee is doing great @ Fort Monmouth PMSI He is currently in a 10 week Individual Therapy Program. He is in the Individual Improvement. See attached paper work for details. A Next Step is a PTO. These have been planned for August 2008. Army has informed Dr. McGehee that he will be assigned to Ft. Monmouth PMSI in October 2008.
9-19-07	TC from Attorney Dowdy re: Mental Health Professionals List from VA via Dr. McGehee's electronic data application process. Dr. Silver is on the list. Dr. Silver confirmed he had some time to meet with me and will be attending Committee.
9-18-07	Phone call to Dr. McGehee TC from Tim Eas, Advisor to Coordinator of Ft. Monmouth PTSD Program. Veteran has been accepted to their Enhanced unit for a minimum of 2008 months in the program. Dr. McGehee is scheduled for orientation on Tues 9/25/07. Contacted VA regarding Tim Eas' staff. It found him to be the individual managing its to include where she works. P. Will contact her as soon as needed.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade/rank rate;
hospital or medical facility)

REGISTER NO.

WARD NO.

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV 7-91)
Prescribed by GSA/ICMR, FIRMA (41 CFR) 201-3.202-1

DEF-LAS02904

PROGRESS NOTES

DATE

- 9/26/01 Clinical Refining Chat Room:
- (1) Review for Compliance to standard of ACS.
 - (2) Identify differences in medical doctor account.
 - (3) Continue to assist patient return to program in Coatesville.
- Lamont Johnson (LJN)
- 10/18/01 Group Therapy Note:
- (1) Initial Group meeting + determine goals about his experiences in drug treatment plan.
 - (2) He recently completed the PTSI Program at Coatesville. While he states that the program helped him tremendously. He now realizes that he needs help. He talked about his legal issues etc.
 - (3) Continue with Group Therapy.
- Lamont Johnson (LJN)
- 1-8-02 Group Therapy Notes:
- (1) Set CBT to group to focus on his recent drug use.
 - (2) Attempt to assist responsibility in his actions. He went to Coatesville and states he has been doing much better emotionally. Therapist has been very supportive and she attended group.
 - (3) Set the preliminary team. Very upset of Holiday. He provided great feedback to other group members.
 - (4) Continue with Group Therapy.
- Lamont Johnson (LJN)

MEDICAL RECORD	PROGRESS NOTES
DATE 1-11-08	<p>The last Plan Kevin Vots</p> <p>(1) Veteran came with a legal situation</p> <p>(2) I asked to reduce sentence and get him to talk with his family</p> <p>(3) Continue in the Substantive & Legal Committee of Board of Ethics</p> <p>of Board of Ethics Case of Kevin Voutsas of Kevin Voutsas of Kevin Voutsas</p>
1-18-08	<p>To Captain and Mrs. Dennis regarding veterans pending hearing requesting letter of support from other in therapy at the VA Center. He has been attending Court and planning to engage in military. This will be initiated with Captain Dr. Dooley @ BIBVACM. Dennis will be informed here. We are available to serve. Will make arrangements for letter requested.</p>
1-22-08	<p>Re Dr. Dooley @ BIBVACM. Dr. Dooley reported he has attended 4 psychoses from PSD @ the VAMC. Indicates veterans also scheduled to attend CPT @ PTHIOP on February. Indicates these veterans might benefit from one limited structural therapy, however, he has not yet completed enough to write statement for the court. P. Plan as above. He scheduled @ the VAMC for 1-25-08</p>

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV 7-81)
Prescribed by GSA/ICMR, FMRM (41 CFR) 201-9.202-1

DEF-LAS02906

Lopakhinski, Stan

-, # 10907

PROGRESS NOTES

DATE

1-25-08

Individual Therapy Note.

D. H. presented for his second session. Discussed Prolonged Exposure attending PTSD program at the Cockeville Home. Symptoms of PTSD symptoms have decreased. Does continue to experience night terrors/flashbacks - resulting anxiety. At this time A: He was A: OVB, mood and affect were appropriate to thoughts/feelings. Denied delusions, denied hallucinations. Currently involved in treatment and motivated to continue same. P: He will continue weekly group & individual therapy. He will contact if necessary a semi-monthly clinician for supportive psychotherapy. He is also scheduled to participate in COT group @ Community Day Center February. His attendance is needed.

1-28-08

To Atty Jack Dempsey after completed addendum
as requested by letter to Atty Dempsey confirming
his participation in therapy. P: Satisfied. T: Satisfied.

1-29-08

Group Counseling Note

- P: Focus was on his present legal issues
- 1) Detachment to his aggression. PTSD and gets involved over their avoidance of confrontations and isolation. He is in both group but probably because he is in isolation. He needs to become more involved to get involved in community.

P continues with group therapy.

Daniel Ulrich, LSW

STANDARD FORM 109 (REV. 7-91) BACK

★ U. DEF-LAS02907

MEDICAL RECORD	PROGRESS NOTES
DATE 2/5/08	<p><i>Group Therapy Note:</i></p> <p>a) Client reported decreased his feelings associated with recent leg cramps.</p> <p>b) Client still struggled and unable to evaluate his own feelings. He is trying to attend Group negatively. He wants to do his own thing regardless of others. He feels that his neighbors are being non-supportive and make negative comments about him and his family. He was going to talk to his friends at local group members.</p> <p>c) Continue with Group Therapy weekly.</p>
2-8-08	<p><i>Individual Therapy Note</i></p> <p>Client presented for scheduled appointment. Reports decrease in nightmares, hyperarousal, and anxiety. Behaviors of nightmares improved over weeks. Was able to effectively cope some. Discussed his withdrawal from social media. His friend indicated he speaks for him. He discussed assault by feeling responsible for his buddy who hit him. His friend is unavailable. Explained his mate is assumed responsibility. At present has Aanax, which was cut down to one a night. No side effects. No side effects. Improved sleep! Improved communication. (friendship click). Continue same monthly.</p>

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate;
hospital or medical facility)

REGISTER NO.

WARD NO.

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV 7-91)
Prescribed by GSA/ICMR, FIRMR (61 CFR) 201-5, 202-1

Laskow'ski, Marisol
5/2008

1997

DEF-LAS02908

PROGRESS NOTES

DATE

2-26-08

Individual Therapy (6wot)

D) continues to exhibit isolating and why does this.

a.) He avoids dealing with friendships and fears becoming attached. Stan has tendencies to be psychic or numb. Stan doesn't trust anyone feels untrustworthy. He and his wife are doing much better.

B) continues with Group Therapy and Individual Counseling from Michael C.

3.11-08

Group Therapy Date (6wot)

D) continues to isolate and lately his frustration tolerance is poor.

a.) His poor frustration tolerance may be result of the physical pain he is experiencing and him trying to work himself off of his frustrations. He can run around like a wild animal. His opposite direction, especially running him being able to recognize cognitive activities to improve in the area of socialization.

B) continues with Group therapy and individual Counseling from Michael C.

MEDICAL RECORD

PROGRESS NOTES

DATE

3-12-08 TC from Richardson, SCW@WBVAMC. Indicated he was at the WBVAMC over the past week & flagged suicide screen as true, reporting thoughts of being better off dead. He denied suicidal intent or plans but stated if unsupervised his medications were stopped. After having a seizure, which was requiring Valium Blks (lets Chez Addiction to quinapril). Valium was not prescribed. The hospital informed him he has appointments scheduled this Friday afternoon. P.M. flu and cold symptoms. No medications or possible medical alerting behaviors.

3-13-08

Individual Therapy Note

Di: Not oriented to person (1+), Decided to continue treatment at the WBVAMC after seizure. Report of frustration & not being prescribed Zolazepam (or valium) strands. Currently requires 10 tablets daily. Does not want to wait for the spectrum to immediately help. Discussed desire for feeling of being in peace; Guilt & shame resulting from acting out drug & alcohol. CX3, Unwind was anoxic & present affect. Denied shyness. Directly acknowledged very firm deal which he purchased online. Patient acknowledge additional lithium. Confused disease. Explained health contributions to diabetes and decreased distance from hypoglycemia. Relig: Challenges disclosed history related to depression in long P.C. antique (i.e. Amerson to Kelly Clark Series - (not continue on reverse side))

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital, or medical facility)

REGISTER NO.

WARD NO.

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV 7-91)
Prescribed by GSA/ICMR, FRMVR (41 CFR) 201-9.202-1

DEF-LAS02910

Lashawne, Stanley

PROGRESS NOTES

DATE

3-14-08

Clinical Consultation.

Referred Case to Consultant Dr. Shalashii of the WPA.
 Discussed interventions used by previous clinic recent suicide.
 Statements from various individuals have been recommended
 confrontation and avoidance strategies to assist in future
 discussion. ^{from} Reducing PTSD symptoms.

*Karen L. Schubert, LSW**Judy S. O., BSW**Claudia M. Schubert**Joseph M. Schubert, Jr., CPC*

4-19-08

Individual Therapy Note:

Pt. presented for scheduled session. Report conflict
 at home regarding his parents, college life; he and
 his family (including a friend) were at a party. Conflicts
 same. Discussed some conflict response "she has been working
 full-time and she was a support to me at home. Also know
 raising their 3 young children. Not indicating having
 any difficulty doing things as a result of leave.
 Explored other options for reducing stress and managing
 things. A few symptoms persist in mid-level time
 situation. Denied medication. P. continues to

Dawn Schubert, LSW

MEDICAL RECORD	PROGRESS NOTES
DATE	
4-32-08	<p><i>Captain Stanley Laskowski</i></p> <p>D. C. presented for scheduled session. He reported recent incident in which Mason discovered through phone a former credit card company that he had been using Diamond Jubilee. He admits to taking 12 beers a day of total of over 7 days. He does not have a medical supervisor; i have no specific instructions from Dr. Mason. Mason is having difficulty getting him to follow his dietary guidelines. He continues to do physical work as he is rehabilitating additional behavior. He was hospitalized w/ some management issues in his actions and possible consequence from same. Report to Dr. Mason is the only thing that helps him. "Keep me healthy". D. C. has difficulty setting limits w/ self. His ultrayps: disguised & callous name. Recommended action: what can possibly be addressed in Contingency to help with his disguised & callous behavior. He discloses these feelings at this time. He will go to WBIAMC tomorrow for assessment & treatment recommendation. Mason is available to this plan. P. Criminal psychiatric to assist couple in building trust and improving communication. If unable to comply with recommendations from WBIAMC, will update further and forward to D. C.</p>

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-3.202-1

Laskowski, Stanley

CB# 10907

DEF-LAS02912

PROGRESS NOTES

DATE

4-23-08	<p>TC to John Shabash, WBI/AMC: ultra-sensitization. D. Shabash is aware of his case from previous incident & see @ VA in Thailand. He found it very useful. Considers him to have been fully presenting today of what met. He needs to continue communication with him. Yesterday he needed for evaluation. P. will continue to monitor for coordination of care.</p> <p style="text-align: right;">John Shabash, MD J. Shabash, MD Joseph Miller, LPN</p>
5-2-08	<p>Clerical Correction</p> <p>D: Corrected regarding calendar addition behavior impact on relationships and PTSD. Recommended coordination with Dr. Simeone, now and further on ongoing addiction issues footprint same.</p> <p style="text-align: right;">Joseph Miller, LPN J. Shabash, MD Joseph Miller, LPN</p>
5-2-08	<p>Treatment Plan Review Notes</p> <p>D: 90 day review of Treatment Plan</p> <p>D: Selection of planned interventions, objectives and quality indicators to meet ACC Standards</p> <p>D: Changes with Detox, referral to rehab, PTSD Progress at Contenelle</p> <p style="text-align: right;">Joseph Miller, LPN Joseph Miller, LPN Joseph Miller, LPN</p>

MEDICAL RECORD	PROGRESS NOTES
DATE	
5-24-08	<p><u>Cognitive Mental Crisis Brief</u></p> <p>D. C. presented for scheduled session. He reports no improvement since coming into her own pt. although. Veteran continues to abuse lamotrigine. He is taking 12 pills/day. Opposites change due to significant weight loss. In denial of addiction and depends effectiveness of medication. Discussed the written concerns about health. Vet declines additional treatment. He did go to a private physician immediately after learning of abuse of pills. Herewill stop for lamotrigine. Mrs. Haskins has concerns about her son's recent exacerbation. A: PTSD; Abuse dependency on prescription pills. P: Continue lamotrigine. Encourage weight reduction.</p> <p style="text-align: right;"><u>Stanley Haskins</u></p>
5-24-08	<p><u>Addendum</u></p> <p>Vet denied medication. Reports is still on mood. Presenting: Unrelated although denies substance related addictions. He was A: OICB. Admitted verbal to DVA for SADP.</p>
5-30-08	<p>Reviewed case of John (Unknown) Dyer, USVANC. Presented: Recent situation to consist of session and veteran continued using (non-prescription) prescription under recommended further exploration of addictions, recommendation for treatment for same.</p> <p style="text-align: right;"><u>Stanley Haskins</u> July 18, 08, DSU</p>

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

PROGRESS NOTES

Medical Record

STANDARD FORM 603 (REV 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-5.202-1

Haskins, Stanley

Ch# 10907

DEF-LAS02914

PROGRESS NOTES

DATE

6-20-08 Individual Therapy Note

D: Vet presented for scheduled appt. stated he has reduced his use of tobacco by 50%. Admits he smokes some "legally" but otherwise does not feel he has a difficult adjustment. Vet states some conflict continues to be related to difficult communication. Admits he has been referred for smoking cessation through the WBMNC, is being evaluated for TBI. He is also going to start CPT w/ Dr. Dorley @ WBMNC. At this time Dr. Dorley would likely be his primary therapist. Denied if he also has reduced tobacco use; is working toward abstinence or some P: Veteran continues to Dr. Dorley @ WBMNC for CPT. He will attend outpatient classes & individualized care under WBMNC 1:1. Response on same weekly basis.

Karen Schubert, LSW

8-21-08 Referred Dr. Dorley, WBMNC veteran. He reports not continuing CPT 1:1 with his therapist. Dr. Dorley, ^{even} increased frequency availability for family members @ this CPT. *Karen Schubert, LSW*

Karen Schubert, LSW

12/9/08 Brief Review Note

- ① Review for compliance to RC's standards
- ② IV plan needed when vet returns to community
- ③ Continue with short. Counseling

David M. Miller

MEDICAL RECORD		PROGRESS NOTES
DATE		
9-15-08	Planned visit as per POS policy <i>Karen Lebold, DCM</i>	
10-20-08	Case Closure Note: D: The client presented concerning psychosocial issues and goals in table: Not due PTSD from service in Iraq. Looking for support for PTSD & family consulting. During this period, he attended 13 sessions over the course of 9 months @ an avg. of 21 x per th.	
	OUTCOME STATUS: Goals Accomplished: He attended & successfully completed the PTSD program @ Chataville WMC. Engaged in individual Group; Mental Consulting upon discharge from that program. Need for Continued Rx: He has returned into DCP treatment w/ Dr. Matthew Dorsey for a brief CPT.	
	Recurrent Needs: None	
	Progression: Good <i>Karen Lebold, DCM</i>	
(Continue on reverse side)		

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

Lastnuk, Stanley

Cliff 10/09/11

DEF-LAS02916

Department of
Veterans Affairs

Memorandum

To: Karen Lenchitsky, LCSW, Scranton Vet Center

Date: 9/18/2007

Patient: Laskowski, Stanley

Dear Ms. Lenchitsky:

We have received the material sent to us on Mr. Laskowski. Because of the high demand for services from the PTSD Program we have been forced to adopt a system for evaluating candidates based on a preliminary evaluation of available medical records and psychological testing for veterans who are an extended distance away.

Admission to the Observation and Evaluation Unit of the PTSD Program appears appropriate for this veteran. Please contact Tim Ennis, MS, Admission Coordinator ([610] 384-7711, ext 4029) to set up an admission date. The PTSD Program uses a variable length of stay based on the veteran's needs and motivation. Please ensure that Mr. Laskowski understands that he will be evaluated and a recommended length of stay will be established at the end of his first two weeks here. Lengths of stay vary from four weeks to ten weeks.

We require veterans to be substance free - a positive BAL or urine drug screen may be grounds for discharge or refusal for admission.

Please ensure the veteran understands that he/she will be required to provide a \$5.00 daily copayment IF the veteran is not service connected for PTSD AND has an income greater than \$9,556.

Please also advise Mr. Laskowski that this Medical Center will not be able to provide travel funds.

The PTSD Program, in compliance with VA policy, does not support the use of benzodiazepines in the treatment of PTSD - please see the attached review of research abstracts concerning this issue. If a veteran arrives using benzodiazepines, we are not equipped to provide medical detoxification and may be forced to discharge the veteran after arrival. Please ensure that, if benzodiazepines have been prescribed, their use is discontinued prior to the veteran's arrival.

Thank you for this referral.

Sincerely,



Steven M. Silver, Ph.D.
Director, PTSD Program
DVAMC
1400 Blackhorse Hill Rd.
Coatesville, PA 19320-2097